



# Self-Employment Verification Form

PARENT / CARETAKER INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET:	CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

INFORMATION ABOUT SELF-EMPLOYED FAMILY MEMBER (If different than above)			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET:	CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

INFORMATION ABOUT BUSINESS			
NAME OF BUSINESS:		BUSINESS START DATE:	
STREET:	CITY:	STATE:	ZIP CODE:
NATURE OF BUSINESS:	BUSINESS PHONE NUMBER:		
CORPORATE STATUS OF BUSINESS (Please check one of the following):		EMPLOYER IDENTIFICATION NUMBER (EIN):	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corp			

REQUIRED BUSINESS DOCUMENTATION ATTACHED	
PLEASE ATTACH THE FOLLOWING:	
<input type="checkbox"/> Copy of most recent Federal Income Tax Return IF YOU ARE UNABLE TO PROVIDE A FEDERAL INCOME TAX RETURN, PLEASE ATTACH:	
<input type="checkbox"/> A worksheet that shows profits from self-employment; total gross receipts minus costs of doing business. Costs of doing business are specified in 55 Pa. Code § 3042, Appendix A, Part 1, Income Inclusions (T); AND	
CHECK AND ATTACH TWO OF THE FOLLOWING:	
<input type="checkbox"/> Accounting ledgers <input type="checkbox"/> Bank deposit slips <input type="checkbox"/> Cash register tapes <input type="checkbox"/> Invoices	<input type="checkbox"/> Account statements <input type="checkbox"/> Canceled checks <input type="checkbox"/> Credit card charge slips <input type="checkbox"/> Credit card sales slips
<input type="checkbox"/> Any other document that reasonably establishes gross profit or allowable deductions	

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct, and complete to the best of my ability, knowledge, and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment, or subsidized childcare ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized childcare for which I was not eligible, I will be required to pay back the cost of childcare I received in error.

<input checked="" type="checkbox"/>	PARENT / CARETAKER SIGNATURE	DATE
<input checked="" type="checkbox"/>	COIS STAFF SIGNATURE	DATE

## SELF-EMPLOYMENT SCHEDULE OF CARE

Parent/Caretaker Name	PELICAN Co/Rec	Self-Employment Begin Date	Number of Hours of Care per Week the P/C is Eligible

WEEK ONE: Dates: _____ thru _____	WEEK TWO: Dates: _____ thru _____
Monday from _____ AM/PM to _____ AM/PM	Monday from _____ AM/PM to _____ AM/PM
Tuesday from _____ AM/PM to _____ AM/PM	Tuesday from _____ AM/PM to _____ AM/PM
Wednesday from _____ AM/PM to _____ AM/PM	Wednesday from _____ AM/PM to _____ AM/PM
Thursday from _____ AM/PM to _____ AM/PM	Thursday from _____ AM/PM to _____ AM/PM
Friday from _____ AM/PM to _____ AM/PM	Friday from _____ AM/PM to _____ AM/PM
Saturday from _____ AM/PM to _____ AM/PM	Saturday from _____ AM/PM to _____ AM/PM
Sunday from _____ AM/PM to _____ AM/PM	Sunday from _____ AM/PM to _____ AM/PM
WEEK THREE: Dates: _____ thru _____	WEEK FOUR: Dates: _____ thru _____
Monday from _____ AM/PM to _____ AM/PM	Monday from _____ AM/PM to _____ AM/PM
Tuesday from _____ AM/PM to _____ AM/PM	Tuesday from _____ AM/PM to _____ AM/PM
Wednesday from _____ AM/PM to _____ AM/PM	Wednesday from _____ AM/PM to _____ AM/PM
Thursday from _____ AM/PM to _____ AM/PM	Thursday from _____ AM/PM to _____ AM/PM
Friday from _____ AM/PM to _____ AM/PM	Friday from _____ AM/PM to _____ AM/PM
Saturday from _____ AM/PM to _____ AM/PM	Saturday from _____ AM/PM to _____ AM/PM
Sunday from _____ AM/PM to _____ AM/PM	Sunday from _____ AM/PM to _____ AM/PM

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X \_\_\_\_\_  
Parent/Caretaker Signature

X \_\_\_\_\_  
Date